



NYFA Anti-Gun Violence Patrol Unit Application Form

Personal Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Age: _____

Gender: ☐ Male ☐ Female ☐ Other

Height: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Eligibility Information

1. Are you a U.S. citizen/Lawful Permanent Resident? ☐ Yes ☐ No
2. Have you ever been convicted of a felony? ☐ Yes ☐ No
3. Have you ever been convicted of domestic violence (Family Offense)? ☐ Yes ☐ No
4. Have you ever been arrested or charged with any crime? ☐ Yes ☐ No

If yes, please explain:

5. Do you currently hold a valid New York State Pistol Permit/Rifle & Shotgun Permit? ☐ Yes ☐ No

6. Do you currently hold a New York State Security Guard License? ☐ Yes ☐ No

Community Commitment

Are you willing to participate in community safety initiatives and work with NYFA to promote anti-gun violence education and patrol efforts? ☐ Yes ☐ No

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand that false statements may result in denial or termination of my application.

Applicant Print _____

Applicant Signature _____

Today's Date _____

New York Firearms Association

Authorized By _____

Approved Date _____